MAXIMUS Federal Services

Case Number:	CM14-0005920		
Date Assigned:	02/05/2014	Date of Injury:	12/21/2011
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old male who reported an injury on 12/21/11 when he injured his right shoulder, mid back, neck, low back, testicles, left knee, and left ankle. The clinical note dated 08/07/12 indicates the injured worker demonstrating range of motion deficits throughout the cervical spine. Tenderness was identified to palpation at the paraspinal musculature. Range of motion deficits were also identified at the right shoulder. Pain was elicited at each terminal range of motion on the right. A painful arc was also identified with resisted abduction on the right. The note indicates the injured worker able to demonstrate 145 degrees of right shoulder abduction, 146 degrees of flexion, 40 degrees of extension, 52 degrees of internal rotation, 55 degrees of external rotation, and 33 degrees of adduction. The injured worker continued to demonstrate 4/5 strength with abduction and flexion at the right shoulder. The clinical note dated 11/07/12 indicates the injured worker continuing with complaints of chronic pain at multiple areas of the body. The clinical note dated 12/05/12 indicates the injured worker continuing with range of motion deficits throughout the right shoulder. The MRI of the right shoulder dated 02/08/13 revealed a full thickness tear of the distal infraspinatus tendon and the mid supraspinatus tendon at the 11 o'clock position relative to the humeral head. A 1cm separation was also identified at the site of the tear. A partial tear was also revealed at the subscapularis tendon. The functional capacity evaluation completed on 02/28/13 indicates the injured worker precluded from activities to include repetitive motions at the shoulder level and lifting objects weighing greater than 15 lbs. The clinical note dated 03/28/13 indicates the injured worker having complaints of difficulty with activities of daily living. The injured worker continued with strength deficits, specifically at the right deltoid that were rated as 4/5 with positive impingement, Hawkins', and Jorgensen's signs. The clinical note dated 11/20/13 indicates the injured worker being recommended for an arthroscopic subacromial

decompression, repair of the rotator cuff, as well as preoperative medical clearance and a course of postoperative physical therapy. The utilization review dated 12/31/13 resulted in a denial for a right shoulder operative procedure as guidelines do recommend a rotator cuff repair for a full thickness tear. Therefore, the requested surgery was certified. As no information had been submitted confirming the injured worker's need for a preoperative workup.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE (1) PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information And Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative Clearance.

Decision rationale: The documentation indicates the injured worker having been certified for a rotator cuff repair with a subacromial decompression on the right. However, no information was submitted regarding the need for a preoperative workup. The injured worker is currently aged 37. No information was submitted regarding a medical history, or any indication precluding the possibility for a successful surgical procedure. Given the lack of significant findings indicating the need for a preoperative clearance, this request is not medically necessary.